

FOURTH SCHEDULE

(Paragraph 4.3.4(b) of Chapter 4)

Insurance Business (Approved Auditor) Regulations, 2001

(Regulation 4 of the Regulations)

Application by audit firms for an authorisation to act as approved auditor under the Insurance Business Act, 1998

Director-General
Malta Financial Services Authority

An audit firm of which I am a partner/director hereby applies for the issue of an authorisation to act as approved auditor under the Insurance Business Act, 1998.

An application for authorisation fee in terms of the Insurance Business (Fees) Regulations, 2014, is made by cheque No. _____, enclosed, payable to the Malta Financial Services Authority.

Particulars of applicant and other matters relevant to this application are provided herein.

A: Audit firm details

A1. Name:- _____

A2. Registration number:- _____

A3. Name of partners/directors:- (1) _____

(2) _____

**B: Registration under the
Accountancy Profession Act
(Cap. 281)**

B1. Date of registration
(day/month/year):- _____

B2. Registration number:- _____

C: Overseas relations

C1. Status (*that is to say whether
member or correspondents*):- _____

C2. Name of firm:- _____

C3. Principal overseas liaison office:- _____

C4. Full address of overseas principal liaison office:- _____

C5. Overseas business telephone number/s:- _____

C6. Overseas business fax number/s:- _____

C7. Overseas business e-mail address/es:- _____

D: Holder/s of authorisation to act as approved auditor

D1. Name/s of holder/s of authorisation:- (1) _____

(2) _____

D2. Date/s of issue of
authorisation
(*day/month/year*):- (1)_____

(2)_____

D3. Registration number/s:- (1)_____

(2)_____

D4. Status of holder/s:-
(*partner/ director or employee*) (1)_____

(2)_____

E: Place of business

E1. Address of principal place of
business:- _____

E2. Business telephone number/s:- _____

E3. Business fax number/s:- _____

E4. Business e-mail address/es:- _____

F: Indemnity insurance contract

F1. Amount of cover:- _____

F2. Excess:- _____

F3. Period of cover (*both dates inclusive*):- _____

F4. Details of any indemnity insurance contracts relating to any other activities carried out under any other law or otherwise

(1) _____

(2) _____

(3) _____

(4) _____

G: Documentation

Please provide the following documentation:

1. A quotation of a policy of professional indemnity insurance which should conform with the requirements of this Chapter.
2. Evidence to confirm that the firm is a member or correspondent of an international firm of accountants.
3. Any other documents mentioned in any article of this application.

The particulars provided in this application and the documents produced with it are complete and true to the best of my knowledge, information and belief. I hereby authorise the competent authority to contact any or all of the above-named or any other person considered by the competent authority to be relevant, both at the date of application and at any time in the future unless and until I rescind this authority in writing. I also undertake to inform the competent authority in writing of any material change relevant to this application.

Signed _____ Date _____
(name of applicant and designation)

Note:

- The **original** document or a **photocopy** of the **original** document is to be produced. Where a **photocopy** of a document is produced, the competent authority may require the applicant to produce the **original** of that document.